# EXHIBIT C

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION

| | |
|---|---|
| IN RE: ETHICON, INC., PELVIC REPAIR SYSTEM PRODUCTS LIABILITY LITIGATION | Master File No. 2:12-MD-02327 MDL No. 2327 |
| THIS DOCUMENT RELATES TO: All Wave II TVT Cases All Wave II Gynemesh Cases | JOSEPH R. GOODWIN U.S. DISTRICT JUDGE |
| Bonnie Maxwell vs. Ethicon Case No. 2:12-cv-02138 Karen Swanson vs. Ethicon Case No. 2:12-cv-01709 | TVT General |

DEPOSITION OF ROBERT M. ROGERS, JR., M.D.

Deposition upon oral examination of Robert M. Rogers, Jr., M.D., taken at the request of the Plaintiff, before Danelle Bungen, CSR, at Hampton Inn, Boardroom, 1140 US Highway 2 W, Kalispell, Montana, commencing at 9:10 a.m. on June 16, 2016, pursuant to the Federal Rules of Civil Procedure.

filled with blood, so you have to coagulate that blood vessel. Sometimes the fatty tissue is more difficult to dissect through in the cadaver than the live patient.

Q. You're familiar with the training that Ethicon offered for the TVT, correct?

A. Yes.

Q. And is it your understanding that Ethicon, in some cases, had cadaver labs both during the development of the TVT and also for training with the TVT?

A. The cadaver labs for development were just limited to, quote, their consultants, not to the general gynecologists.

Q. That's a fair point. Why don't you explain that?

A. Well, I was asked -- I was not involved in the development of the Retropubic TVT, but I was involved with the development of the TVT-O, Transobturator TVT, and TVT Secur, and Ethicon asked me to perform anatomic dissections to look at the anatomy to be sure that the passage of the instruments and the helical capacitor and the tape, and the mesh tape, to be sure that they would be in places that would not compromise nerves or tissue or -- you know.

Q. Do you know if the same work was done for the TVT Retropubic for which you offer an opinion today?

A. I was not involved with that work, and I don't know what was done specifically in that regard.
Q. Do you know whether or not cadaveric work was done in connection with the TVT Retropubic?
A. I did such work at Jefferson Medical College on my own for my own learning, not with Ethicon.
Q. But we're talking about whether or not you've seen any documents that demonstrate that Ethicon hired a consultant like yourself to do cadaveric dissection with respect to the development of the TVT to make sure that the passage of the TVT was appropriate in a female pelvic anatomy.
A. Though it could have been done, I don't remember a specific document.
Q. And you haven't seen those in the last month since you got those seven boxes, correct?
A. That's correct.
Q. Okay. And because of that, with respect to the development of the TVT Retropubic, if they did cadaveric studies, one, you're not sure if they did or not, and, two, you don't know whether it was on embalmed or unembalmed cadavers; correct?
A. That's correct.
Q. Okay. Moving forward then with respect to training, once the TVT Retropubic was released to market in

1998, are you familiar with any sort of cadaveric training that Ethicon offered on the TVT device?

A. For the retropubic TVT, the original one?

Q. Yes, sir.

A. No; because when I learned the TVT, I went up to Allentown and received instruction and saw some cases with Dr. Vince Lucente up in Allentown, Pennsylvania.

Q. Fair enough. You're talking about your training.

A. Yes.

Q. Okay. Now I'm talking about the fact that you've offered a report, Exhibit 1, that says TVT is safe and efficacious; right?

A. Yes.

Q. And you understand, and the question may be obvious, surgeons implant the TVT, right?

A. Yes.

Q. And like you, some of them receive training.

A. Yes.

Q. And one of the things that Ethicon might have offered is cadaveric training for physicians that were interested in learning how to implant the TVT, right?

A. Yes.

Q. Do you know or have you undertaken any work to understand whether or not, in fact, cadaveric training was offered to physicians that desired to learn how to

use the TVT device?

A. The traditional TVT Retropubic? I have no knowledge of that.

Q. So, in other words, you're not here today to opine at all on whether or not the cadaveric training, if it was offered by Ethicon, was appropriate because you don't even know if it was offered; right?

A. That's correct.

Q. So therefore I don't have to ask any questions about that issue right because you have no knowledge of whether or not it was offered.

A. That's correct.

Q. Okay. Going back to the limitations, though, of cadavers, have you ever seen, because of your work, for example, in the TVT-O or the Secur, have you ever seen any or been a part of any training with Ethicon, with other physicians, using cadavers with the other devices?

A. Yes.

Q. Tell us about that.

A. I was involved in developing courses to teach other doctors how to implant the Transobturator TVT-O and the TVT Secur, both here in the United States and in the South Korea.

Q. Why South Korea?

A. The South Koreans are very excellent surgeons, very academic, very eager to learn, and I was asked by Ethicon to go to South Korea to run a cadaver course for the TVT-O and to actually do live surgery on some of their patients to show them how to implant the TVT-O; and then several years later, the TVT Secur.

Q. And there's benefits to doing that, right?

A. For whom?

Q. For the physicians that want to learn how to use the device.

A. Oh. Yes. Yes.

Q. But there's also limitations, as we described, using a cadaver, right? It's nothing like a live surgery.

A. That's correct.

Q. And one of the things I forgot to mention, that I'll raise now, because you have worked, at least with respect to other devices like the TVT-O and the Secur as it relates to training of physicians, is this idea that when you're offering these trainings, the physicians are utilizing the same passage again and again -- to use, for example, the trocars to insert the device -- in cadaver training?

A. Though we try to limit the number of physicians per cadaver, that is correct.

Q. Okay. Can you explain that in a better way than I

asked it?

A. The way I teach anatomy is more by palpation, anatomic -- short anatomic landmarks. On the cadavers, no matter how many passages you have of the instrumentation through soft tissue, the hard, bony landmarks stay the same. That's the way I teach anatomy.

When people talk about surgery and dissection, they predominantly talk about sight observation, what do you see. I -- That's important, but I really emphasize palpation, the feel of the tissues, the bony landmarks; and that's what's key about the cadaver.

And then we talk about possible complications as you're passing the instrumentation; what to avoid, what to feel, so on and so forth.

Q. And you teach that more by palpation versus sight?

A. Yes.

Q. And you do that.

A. Well, I teach both, but I emphasize the palpation as well as the sight.

Q. And that's because you recognize with cadavers, if four or five physicians have been through the same space, and they're generally seeing the same thing, that that anatomy is not always going to look or feel

the same.

A. That's correct.

Q. And so therefore when you're talking about bony structures, it's better, for example, to be able to palpate a bony structure and orient the instrument in that way?

A. That's correct.

Q. As opposed to seeing it.

A. That's correct.

Q. And you realize, though, that not all physicians teach that way.

A. That's correct.

Q. And so you're not here to give an opinion that all of that training was uniform for every physician that ever attended cadaver training with Ethicon.

A. Well, I'm here to testify that I did my best to be sure that training was uniform and gave guidelines.

Q. With respect to other products.

A. Yes.

Q. Not the TVT Retropubic.

A. That's correct, not the -- Okay. Yes, other products. I'm sorry. Yes.

Q. Okay. Let's go to your report at page 3, and tell me when you're there.

A. I'm there.